

Case Report

Hemangioma of lower lip: report of two cases

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ABSTRACT

Background

Hemangiomas are vascular lesions frequently seen in the head & neck region. Lip is an important site for such lesions. Most of the hemangiomas are seen at birth or the neonatal age group. It is uncommon to see such a lesion in adults. They mostly present as soft, smooth lobulated masses. Patients with hemangioma of lip seek treatment for aesthetic alteration and functional limitations caused by the lesion. The various treatment options include surgical excision of the tumor, embolization, electrosurgery, cryosurgery, laser excision, steroid injection, or injecting sclerosing materials. Here we report two cases of lip hemangiomas in adults.

Methods

In the first case, a 34 years old man presented to ENT OPD with a painless progressively enlarging nodular growth in the vermilion border of lower lip appreciated for 2 months which was surgically excised using electrocautery. In the second case, a 58 years old man presented to ENT OPD with a painless progressively enlarging lobulated growth in the lower lip appreciated for 4 months which was surgically excised using electrocautery.

Results

Histopathological examination of resected specimen in both the cases confirmed the diagnosis as capillary hemangioma.

Conclusion

Hemangiomas should be kept as differential diagnosis of benign lesions of lip.

Keywords: Hemangioma, lip, vascular tumor

INTRODUCTION

Hemangiomas are the most common benign vascular tumors which are mostly found in the head & Neck.¹ It is three to five times more frequently seen in females as compared to males.^{2,3} Hemangiomas are either present at birth or can develop during the neonatal period. It is quite uncommon to see hemangiomas arising de-novo in adults and hence it poses a diagnostic challenge. The lip is the most

common site for the occurrence of many sorts of vascular lesions probably due to the fact that lip has relatively good blood supply owing to the presence of large blood vessels approximating the surface at this location than the other parts, and that the lip is often subjected to traumatic insults.^{3,4} Here we report two cases of lower lip hemangioma in adult male patients.

Case Histories

Case-1: A 34 years old man presented to ENT OPD with a painless growth in the lower lip appreciated for 2 months. It

was insidious in onset and the growth which was initially small had progressed to the present size. On examination, a solitary nodular, reddish pink colored pedunculated lesion was noted on the vermillion border of lower lip (Figure-1). The growth was about 1.5 cm x 1.5 cm in size, nontender, soft to firm in consistency with well-defined edges. A provisional diagnosis of benign vascular lesion was made. Preoperative blood investigations were done. The lesion was excised with electrocautery under local anesthesia. Histopathological examination of the excised specimen gave a diagnosis of capillary hemangioma. Patient has been followed up and no recurrence noted.



Figure-1 (Case-1): A 1.5 cm X 1.5 cm growth at the vermillion border of lower lip



Figure-2 (Case-2): A 1.5 cm X 1.5 cm growth at the lower lip

Case-2

A 58 years old man presented to ENT OPD with a painless growth in the lower lip appreciated for 4 months and was sometimes associated with bleeding. It was insidious in onset and the growth which was initially small had progressed to the present size. On examination, a reddish pink colored pedunculated lesion with lobulated appearance was noted on the lower lip (Figure-2). The growth was about 1.5 cm x 1.5 cm in size, nontender, soft in consistency with well-defined edges, slight bleeding on palpation. A provisional diagnosis of benign vascular lesion was made. Preoperative blood investigations were done. The lesion was excised with electrocautery under local anesthesia. Histopathological examination of the excised specimen gave a diagnosis of capillary hemangioma. Patient has been followed up and no recurrence noted.

DISCUSSION

Hemangioma includes a heterogeneous group of vascular lesions whose characteristic features are endothelial cell growth and proliferation.²

Hemangiomas present clinically as soft, smooth or lobulated masses, either sessile or pedunculated in structure, whose size varies from a few millimeters to several centimeters.⁵ Most of the times the hemangiomas are painless. Any minor injury or trauma can cause bleeding instantly. Hemangiomas can resemble other lesions based on radiological findings, clinical features and histopathological features. Various lesions like pyogenic granuloma, chronic inflammatory gingival hyperplasia (epulis), epulis granulomatosa, squamous cell carcinoma are the differential diagnoses of hemangiomas.⁵ Haemangiomas can be evaluated and diagnosed by Color-Doppler ultrasound imaging. The advantages are that it is non-invasive, cost-effective and has no risk of radiation. Other imaging modalities such as contrast-enhanced magnetic resonance imaging (MRI), computed tomography (CT), and angiography may be used if intraosseous lesion is anticipated.^{6,7}

Patients with hemangioma of lip need treatment for various reasons such as aesthetic alteration, functional limitations and psychological concerns.⁸ It may also cause complications such as permanent distortion of the vermillion border which is a critical aesthetic component of a normal appearing lip.⁹ There is controversy about how the management of hemangioma should be, since there is still no therapeutic guide based on evidence based studies.^{8,10} The treatment approach depends on various factors such as size, location, and behavior of the lesion, as well as age and systemic condition of the patient.^{11,12} The various treatment options of hemangiomas include surgical excision of the tumor, embolization, electrosurgery, cryosurgery, laser, steroid injection, or sclerosing materials.⁶ The cases which are reported here were managed by surgical excision with the help of electrocautery.

CONCLUSION

Hemangiomas should be kept as an important differential diagnosis for benign lesions of lip. The mode of treatment should be chosen depending on size of lesion, age and systemic condition of the patient.

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